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Doc Number: **0830235**

09/06/2013 03:10 PM

OFFICIAL RECORDS

Requested By:
SCHULZE LAW GROUP

DOUGLAS COUNTY RECORDERS
Karen Ellison - Recorder

Page: 1 of 5 Fee: \$ 18.00
BK: 0913 Pg: 1437



Deputy ar

1418-34-210-006

APN: 03-180-06

R.P.T.T. #

WHEN RECORDED RETURN TO:

Schulze Law Group
140 West Huffaker Lane, Suite 510
Reno, NV 89511

GRANTEE - Mail Tax Statements To:

Robert Chester
P.O. Box 199
Zephyr Cove, NV

AFFIDAVIT OF SUCCESSOR TRUSTEE

TITLE OF DOCUMENT

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that this document submitted for recording does not contain the social security number of any person or persons (Per NRS 239B.030)
- I the undersigned hereby affirm that this document submitted for recording contains the social security number of a person or persons as required by law: NRS 440.380(i)(a)
(State specific law)

Signature (Print name under signature)
MELISSA HARTMAN

APN: 03-180-06
RECORDING REQUESTED BY:
Schulze Law Group
140 West Huffaker Lane, Suite 510
Reno, NV 89511

WHEN RECORDED MAIL TO:
Schulze Law Group
140 West Huffaker Lane, Suite 510
Reno, NV 89511

MAIL TAX STATEMENTS TO:
Robert Chester
P.O Box 199
Zephyr Cove, NV 89448


AFFIDAVIT OF SUCCESSOR TRUSTEE

I, ROBERT N. CHESTER the undersigned, affirm under penalty of perjury under the laws of the State of Nevada that the following is true and correct:

- (1) By instrument dated December 9, 1997 ROBERT N. CHESTER and ANNETTA CHESTER executed the CHESTER FAMILY 1997 TRUST, as amended ("Trust").
- (2) Said trust appointed me to serve as sole Successor Trustee upon the death or incapacity of ANNETTA CHESTER.
- (3) ANNETTA CHESTER died on July 10, 2013 at Phoenix, Arizona, a resident of Douglas County, Nevada. Attached hereto is a certified copy of the death certificate.
- (4) Pursuant to the terms of the Trust, I have assumed the responsibilities of sole Successor Trustee.
- (5) The following described real property is part of the trust estate: See **Exhibit "A"** attached.
- (6) I am authorized under the terms of the Trust and applicable provisions of the Nevada Revised Statutes to act as the Successor Trustee with respect to the trust's interest in the described property.

(8) The described property shall be transferred to me as Successor Trustee.

Executed on August 28, 2013 at Carson City, Nevada.

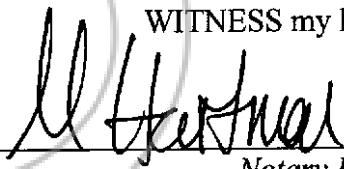

ROBERT N. CHESTER
Successor Trustee

On August 28, 2013 before me, MELISSA HARTMAN a Notary Public, in and for said County and State personally appeared **ROBERT N. CHESTER** who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the persons, or entity upon behalf on which the person acted, executed the instrument.

I certify under PENALTY OF PURJURY under the laws of the State of Nevada that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.





Notary Public

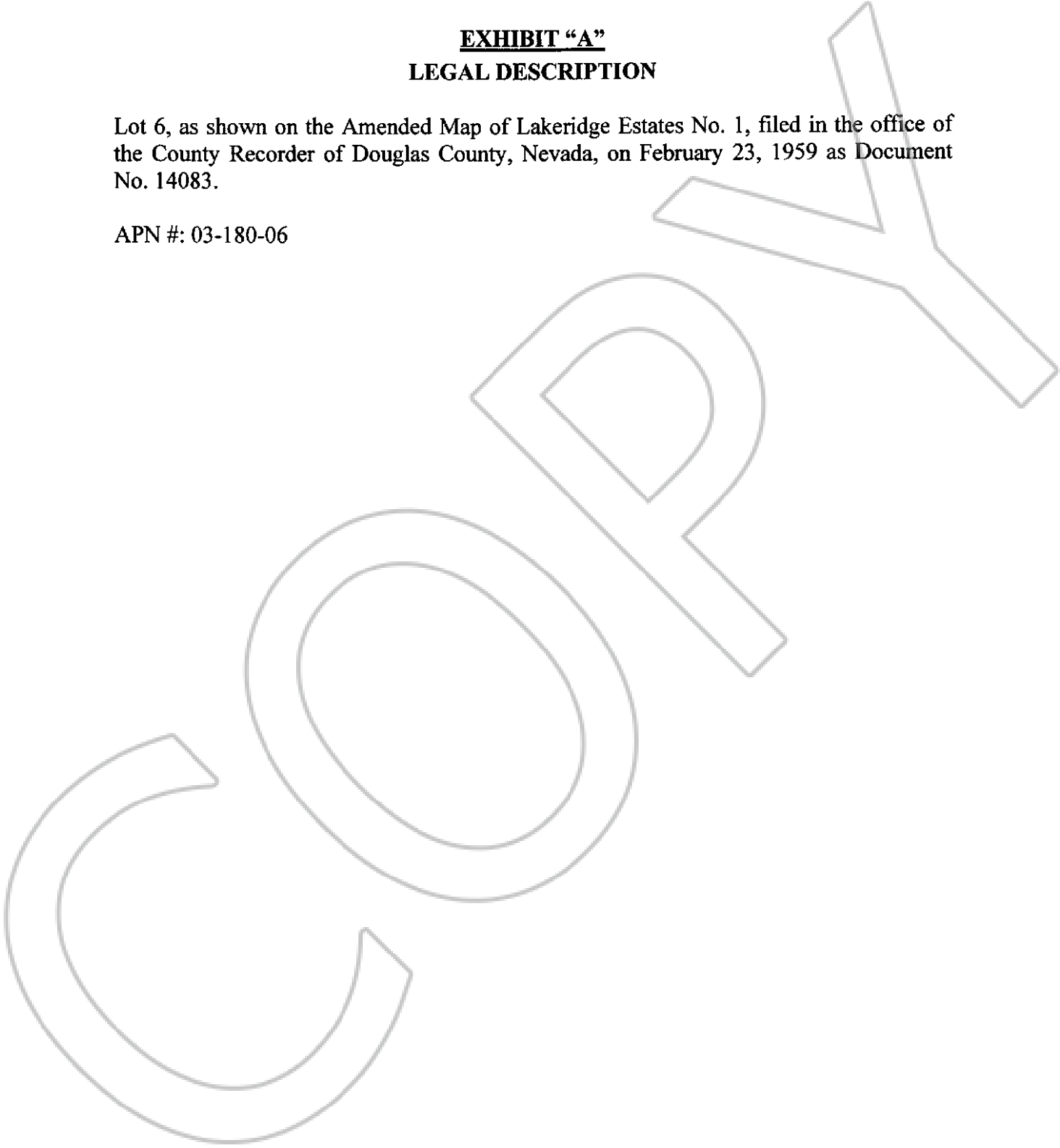
MY Commission Expires: 12/28/13

“MAIL TAX STATEMENT” – SAME AS ABOVE

EXHIBIT "A"
LEGAL DESCRIPTION

Lot 6, as shown on the Amended Map of Lakeridge Estates No. 1, filed in the office of the County Recorder of Douglas County, Nevada, on February 23, 1959 as Document No. 14083.

APN #: 03-180-06



CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO. 102- 2013-029741

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ANNETTA CHESTER		2. AKA'S (IF ANY)		3. DATE OF DEATH JULY 10, 2013	
4. SEX FEMALE	5. SOCIAL SECURITY NUMBER: ██████-██-2916	6. DATE OF BIRTH 09/10/1942	7. AGE 70	8. UNDER 1 YEAR 8. MONTHS 9. DAYS	
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> ER/OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): MAYO CLINIC HOSPITAL			15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: PHOENIX 85054		16. COUNTY OF DEATH: MARICOPA
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CITY OF ORANGE, NEW JERSEY		18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) ROBERT N CHESTER	
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 177 PINE POINT DR		21. CITY AND COUNTY: ZEPHYR COVE, DOUGLAS		22. STATE NEVADA	23. ZIP CODE 89448
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		28. OCCUPATION: ARTIST		27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		29. FATHER'S NAME (FIRST, MIDDLE, LAST) MATTHEW ROSENHAUS		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) SARAH POLLACK	
31. INFORMANT'S NAME ROBERT N CHESTER		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: P.O. BOX 199, ZEPHYR COVE, NEVADA 89448	
34. NAME AND ADDRESS OF FUNERAL FACILITY: SINAI MORTUARY OF ARIZONA 4538 N 16TH ST, PHOENIX, AZ		35. FUNERAL DIRECTOR: MARK J DUNN, FUNERAL DIRECTOR		36. LICENSE NUMBER: F0965	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: BEST FUNERAL SERVICES, PEORIA, ARIZONA		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY:	
MEDICAL CERTIFICATION SECTION - CAUSE OF DEATH PART I					
IMMEDIATE CAUSE OF DEATH	40. A CARDIAC ARREST	41. APPROXIMATE INTERVAL: UNKNOWN		42. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	42 B NON OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY	43. APPROXIMATE INTERVAL: UNKNOWN		44. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	44 C	45. APPROXIMATE INTERVAL:		46. APPROXIMATE INTERVAL:	
DUE TO OR AS A CONSEQUENCE OF:	46 D	47. APPROXIMATE INTERVAL:		48. APPROXIMATE INTERVAL:	
CAUSE OF DEATH PART II					
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE. NEPHROTIC SYNDROME		49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 1828
		53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
CAUSE AND MANNER OF DEATH CERTIFICATION					
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated		55. NAME OF PERSON COMPLETING CAUSE OF DEATH: ROBYN E. STIEFELD, M.D.		56. DATE CERTIFIED: 07/12/2013	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.		58. NAME OF REGISTRAR: MICHELE CASTANEDA-MARTINEZ		59. DATE REGISTERED: 07/31/2013	
57. CERTIFIER'S ADDRESS: 5777 E MAYO BLVD SCOTTSDALE, AZ 85054					

DATE ISSUED: 08/02/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA Revised 12/2012.

[Signature]
KHALEEL HUSSAINI
ASSISTANT STATE REGISTRAR

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

